

CHAIRPERSONS: Senator James Maroney,  
Representative Michael  
D'Agostino

SENATORS: Kissel, Maroney, Osten,  
Winfield, Witkos,

REPRESENTATIVES: Ackert, Candelaria, Cheeseman,  
Hayes, Luxenberg, Riley,  
Rutigliano, Winkler

REP. D'AGOSTINO (91ST): Thank you, Mr. Clerk. We will call the Public Hearing of the General Law Committee to order 2:30 on this second day of February 2021. And any comments from my Co-Chair, Senator?

SENATOR MARONEY (14TH): No, no, thank you, Mr. Chair.

REP. D'AGOSTINO (91ST): All right. Representative Rutigliano. I see that you're on.

REP. RUTIGLIANO (123RD): Same here. So, we're ready to go.

REP. D'AGOSTINO (91ST): Alright, let's go. Sam, I think you - sorry, Clerk, I think we had, for some reason Representative Gibson, listed on the list. Obviously, Bobby is Vice-Chair of the Committee, he doesn't need to sign up for public testimony. He can testify as he likes during Committee and during questions. But he did tell me he does not have any specific testimony on this. So, I think we can jump right to the -- right to the first speaker, Mr. Clerk.

SAMUEL CLARK: Okay. And the first person is DeVaughn Ward.

DEVAUGHN WARD: All right. Can you wanna hear me?

REP. D'AGOSTINO (91ST): Hi, DeVaughn.

DEVAUGHN WARD: Hey, good afternoon, everyone. My name is DeVaughn Ward. I am a senior Legislative Counsel for the Marijuana Policy Project. Thank you, Senator Maroney, Representative D'Agostino, Senator Witkos and Representative Rutigliano, for the opportunity to testify today on HB 5313, AN ACT CONCERNING REVISIONS TO MEDICAL CANNABIS STATUTES.

As you all know, Connecticut's Medical Marijuana Program has been in existence since 2012. And now, in its seventh year revision to the statutes is certainly welcomed. The Marijuana Policy projects strongly support Section 1 of the Bill which would allow for qualifying patients to purchase medication from dispensaries that have more than one location. It certainly would allow for greater patient access and would bring medical cannabis into parity with the pharmaceutical medications.

Section 2 of the Bill would allow for primary caregivers to primary caregivers for each patient. We support this amendment, but would -- would actually suggest that the amendment be expanded to allow for institutional caregivers, such as nursing homes, the ability to serve as caregivers for a number of patients, and for a staff at a particular facility to assist an individual patient in the facility's care.

Section 3 would eliminate the administrative and renewal fee for patients and caregivers. We also strongly support that changes as many Connecticut residents are coping with the economic pain of COVID-19. Those fees can mean the difference between paying the utility bill and access to their medication.

And with respect to Section 5, we don't take a take a position with respect to that Section. But I do appreciate the thoughtfulness that went into this Bill and support many of its amendments. And thank you for the opportunity to testify.

REP. D'AGOSTINO (91ST): Thank you. Questions from Members, please? Let me just make sure I've got my -- I don't see any hands. Remember to raise your hand in the -- in the waiting room there, if you've got questions.

DEVAUGHN WARD: Chairman, D'Agostino, if I may, really quickly, one more thing.

REP. D'AGOSTINO (91ST): Carry on, sure.

DEVAUGHN WARD: I just would love to say to the -- to the Committee that the Medical Program as it is now in its seventh year. And it as a -- looking at the arrangement as it is it has four cultivators, 18 dispensaries, and there is not a ton of diversity on the employment side, on the ownership side within our existing medical market, which really makes us a little bit less competitive than other states that do have diversity in terms of the folks who are operating in that industry.

And so, I understand that this particular Bill does not address that issue. But something for the Committee to keep in mind with their work moving throughout the session is the lack of diversity within the Medical program amongst business owners, and licensees. And so, I would strongly encourage the Committee to consider that issue and their work throughout the session.

REP. D'AGOSTINO (91ST): Fair point. Thank you for that and we're going to see what the Governor ends up proposing and on the on the recreational side and maybe that spills over to what we're doing here. Senator Witkos.

SENATOR WITKOS (8TH): Thank you, Mr. Chairman. And thank you, DeV Vaughn, for bringing that up. I did have, you know, some concerns that when we spoke about the part of the Bill that you were referring to this Committee heard last term was the equity

piece. And while I support the minority owned business -- is -- to me, I had some concerns that I'd just like -- it's not part of the Bill today, but hear from you as to why do you think that somebody who had been convicted of possession charge, that they should have a reduced registration fee and certificate fee from those that law-abiding citizens in the case of what you're trying to accomplish here, in light of the fact that the additional benefit, I would say is that, that other Bill contain to measure to erase any record of any minor drug offenses, and I would think that should satisfy the folks.

And while I support diversifying the ownership, I personally don't think it's fair that a third of the cost, if you're a minority is --is fair to those that are not. So, I just like you to respond to that.

DEVAUGHN WARD: Yeah. And thank you for the question. I think that's a question that a lot of folks are asking, is why should these folks who may have broke the law in the past be given an advantage in this new marketplace and new industry moving forward? And my response to someone who posed that question would be because they have forged the path for this industry, the brunt of cannabis prohibition has been on folks who have been convicted and served prison time, in some instances, and paid a large debt for this industry to flourish, and to get to the point that it's at.

And so, if we're looking at this measure as a restorative justice measure, I think the expungement pieces is certainly a component, but certainly recognizing that folks who were engaged in this conduct prior to it becoming legal should at least be given some type of restorative justice and access to this market. Because they've borne the brunt. And they've gotten the bruises of this new industry that is now where it's at.

And so, I also think, though, that some of those market advantages that you talked about, should maybe be explained a little bit more. And so, I -- I think what what's happened in a number of other states is that they've done disparity studies and impact studies to really link those folks who get advantages in the marketplace with the communities that have most been harmed by cannabis prohibition.

And so being able to really make that linkage to really justify it, like you said that that advantage that they get in the marketplace, I think is key. And I think as everybody else is waiting and anticipating the Governor's bill, I hope that a strong disparity study is part of that work. So, it can inform folks who just posed the question that you raised that why should folks be given this disadvantage in my response would be because they've borne the brunt of criminalization.

And so, giving them some restorative justice in the marketplace, I think is a start to repairing some of the harm that the war on drugs has done to those communities.

SENATOR WITKOS (8TH): You think a set-aside, where you say if we limit the number of stores that can be opened, that a certain percentage of those stores have to be from owned by folks or majority owned by folks that are either minority or have been arrested for these offenses, and then everybody else for the cost of the license in the application is the same?

DEVAUGHN WARD: Yeah, I think there's a number of models, there's a number of ways to do it. Some states have -- went with the equity first approach where they give folks who've had convictions the opportunity to go ahead. Some states have done a one-to-one, where they say, like Illinois, they say - oh, it's not Illinois, excuse me. Boston has done a one-to-one where they'll say, existing medical has the ability to go ahead, and then when they get a

new facility, and it has to be matched with the new equity applicant coming online as well.

So, there's a couple of different models. A couple of different ways out there to do it. It doesn't necessarily just have to be reduced licensing fees. There's a number of different models, a number of different states that have kind of -- kind of looked at this issue. We're at 15 states total now, that have -- that have legalized. About 22 states that have medical cannabis programs. And so, there's a number of models and a number of ways out there to do it. But I'm not really here to advocate for any particular model. I think Connecticut really has to choose the model that best works for them.

SENATOR WITKOS (8TH): You're probably following this a little bit closer than I am. What's going on at the federal level? I know that had been an issue. And I know, we discussed that when we started our Medical Marijuana Program, which I supported. And I'm hearing that I know initially, a lot of the doctors weren't writing scripts, because they -- didn't they were in fear of losing their license, but now we've got plenty of practitioners that are writing the scripts for folks. But that won't be a case anymore. How does this impact with what - if your group is monitoring what's going on at the federal level?

DEVAUGHN WARD: Well, so what's happening on the federal level, I just want to back up a little bit in the last Congress, the 116th Congress - the House passed the MORE Act, which was a comprehensive Cannabis Bill that would have de-scheduled, it had an expungement component, it allowed for cannabis businesses to be engaged in traditional banking. It was a really comprehensive Cannabis Reform Bill. It passed the House in December, but never made it over to the Senate.

And so now we're in a new Congress, and the lead sponsor of the MORE Act, Kamala Harris is no longer

in the Senate. So, we're at -- basically at square one. But there has been a lot of discussion amongst Senator Schumer on the Senate side, and obviously, with Speaker Pelosi on the House side that cannabis reform is a priority.

I think what we're hearing is that it's not likely going to be done in a comprehensive way, like the MORE Act. It may be done more a piecemeal, so you may see, like a federal de-schedule as a standalone Bill, or as attachment to reconciliation -- Reconciliation Bill. But I think the longer -- the shorter is that, that in the next five years, you're likely to see federal prohibition lifted on the federal level.

And so, it's, you know, what that means for states is states that have been, operating on a wholesale tax, I think it may have to switch over to a point of sales tax, it's obviously going to open up interstate commerce and gonna increase supply, and affect supply chains throughout the country. But I think looking at the landscape politically on the federal level, you're likely to see it -- federal prohibition lifted in next five years, and then on the international level, you know, Canada -- Canada's already legalized, they've been legalized for quite some time. Mexico has a Bill, that's pending in the Senate as well there.

And so, the United States is also going to be placed between two countries that that have this product legal and are engaging in commerce with it. And so, I think -- but until -- I'd also like to remark, until we see the federal prohibition lifted, there are still a number of things going on in this industry that are undesired. Veterans are obviously barred from accessing cannabis for medication. Folks can be -- can be thrown out of federal housing for using federal -- federal or -- excuse me, medical marijuana, because of the federal prohibition.

So, because of that disparity between state and federal, still, you still do have some adverse effects. And so -- but I anticipate in this Congress that that at some point that the federal prohibition will likely be lifted very shortly.

SENATOR WITKOS (8TH): Thank you. I just have one more question, if I may, Mr. Chairman. In the federal MORE's Act, was there a section on the equity piece that you'd like to see addressed here in Connecticut, or was it silent on that?

DEVAUGHN WARD: Yeah, it was -- it was silent. It really didn't address individual marketplaces. In terms of the states, it really left the marketplace, up to state regulation. And so, it really didn't speak to market dynamics and individual states.

SENATOR WITKOS (8TH): Okay. Thank you very much for those answers. Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): Thank you, Senator. And, again, just to be clear, this Bill does none of those things. It doesn't touch on any of those things. But it is -- it is a discussion that we do have on this Committee. And I do anticipate eventually having a conversation on these very issues a bit large when we see the Governor's Bill, so thank you. Other questions or comments?

REP. RUTIGLIANO (123RD): I think Representative Cheeseman had a question, Mr. Chairman.

REP. D'AGOSTINO (91ST): Do you have your hand up? Nope. She's good. I think.

REP. CHEESEMAN (37TH): I'm good. I'm saving it for a later guest.

REP. D'AGOSTINO (91ST): Very good. Thank you, DeVaughn. Appreciate your time. As always, I look forward to having you back.



DEVAUGHN WARD: Thank you, Chairman.

REP. D'AGOSTINO (91ST): Mr. Clerk, who's next.

SAMUEL CLARK: Okay, so next up is Jason Prevelige.

JASON PREVELIGE: All right. Good afternoon, everyone. Can everyone hear me okay?

REP. D'AGOSTINO (91ST): Jason, you're on. Thank you.

JASON PREVELIGE: Great. Thank you so much. Esteemed Members of the Committee. Thank you for the opportunity to speak before you today. My name is Jason Prevelige, I live in Fairfield and I work in Waterbury at St. Mary's Hospital where I practice Emergency Medicine. I'm a physician assistant and I'm past president and current Legislative Chair of the Connecticut Academy PAs.

In concept we appreciate and support the intent of this raiser Bill No. 5313 and the Medical Marijuana Program. However, as it's currently written, we respectfully ask for PAs to be included and ability to certify the conditions that are eligible for the program, along with physicians and Advanced Practice Registered Nurses.

As you likely may be aware PAs work across all specialties and practice settings. PAs evaluate patients, diagnose disease, formulate and implement treatment plans, and PAs do so autonomously every day while working in collaboration with physicians or the rest of the healthcare team. PAs are well educated and trained to perform such functions. And the conditions eligible for the program such as various cancers, HIV, ulcerative colitis, et cetera are other -- that are routinely diagnosed and treated by PAs already.

PAS have the education and training to order treatments and prescribe medications every day that

can be life threatening if they're inappropriately ordered. Yet, we can't certify the list of conditions for medical marijuana. This inability for PAs to certify the condition, it really creates a disparity in access to healthcare for our patients.

With PAs not able to certify such conditions, even after having been the provider to diagnose the patient in the first place, it means patients are forced to obtain treatment through other methods, through additional appointments. The other care providers that may or may not know them as well, it creates a delay in their care, but it forces them to not seek the treatment they need in such a timely fashion. These additional appointments, they create additional burdens on the entire healthcare system. And really, I think that this rings true now, especially in the times of this pandemic, where access to care is even more limited than it normally would be.

Just to make note, PAs in our neighboring states routinely certify such conditions. New York, Rhode Island, Massachusetts, New Hampshire, Vermont, just to touch on some of the more local jurisdictions. So, I just like to ask that we please help improve the access to care that our patients deserve by including PAs as one of the providers that can certify patients for the program. Thank you.

REP. D'AGOSTINO (91ST): Fair point. Thank you for raising that. Questions from Committee? Senator.

SENATOR WITKOS (8TH): Thank you. Oftentimes -- Jason, thank you for that testimony. We hear from different groups about staying within your own lane and scope of practice and authority. Is there going to be either the doc's or somebody coming out to say, you listen, the PAs, the APRNs, I think there was one other level of service that you thought should be included in this group with an argument as to why you shouldn't be?

JASON PREVELIGE: To be honest, I'm sure there will be, absolutely. I think that one of the concerns there is, you know, there may be positions that currently don't want to offer this to their practices. And maybe they have concerns that PAs will, perhaps certify conditions outside of that. But I think that those are all things that are really a non-issue as we work in collaboration with the physicians, whom we're in practice with every day. And we decide those things in a practice level.

So, if a particular practice is going to not want to offer such certification, the PAs that practice won't be able to do so either, because that's the -- that's the setup that they're in. So yes, I'm sure there will be pushback, but I'm not sure that I agree with --necessarily the validity of the arguments that may come out.

SENATOR WITKOS (8TH): So, a PA works directly under a physician, and the physician sets what -- I guess the field of what you're going to be doing. So, if they choose not to participate in running scripts for medical marijuana, then you as a PA working underneath that doctor wouldn't be able to do that?

JASON PREVELIGE: That's correct. And that's also true for APRNs as well, that also work in collaboration with physicians.

SENATOR WITKOS (8TH): Okay. All right. Very good. Thank you. Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): So, I'm not sure what the objection would be then from the physicians if they --

SENATOR WITKOS (8TH): Well, that was my -- if they don't do it themselves, and then they have nothing to object to. So that was--

REP. D'AGOSTINO (91ST): One would think -- and just to be clear, no one can prescribe anything outside

of the range of prescriptions, that range of conditions that the legislature has approved. But within a particular practice, a doctor can say we're only going to prescribe medical cannabis for this off the list rather than these others or not at all, as I understand it. Is that right, Jason?

JASON PREVELIGE: That is correct. Yes.

REP. D'AGOSTINO (91ST): Okay. All right.

REP. RUTIGLIANO (123RD): Could I ask a clarifying question, Mr. Chairman?

REP. D'AGOSTINO (91ST): Mr. Rutigliano.

REP. RUTIGLIANO (123RD): This could be you, sir. So, you as a PA, you cannot prescribe a drug if your doctor says hey, okay, our office isn't doing this. Is that any drug?

JASON PREVELIGE: Essentially, yes. So, we work within really the scope of the physicians with whom we sign delegation agreements with. So, if, you know, there's something to be prescribed that will be outside the realm of what those physicians will be prescribing themselves, then yes, it wouldn't be appropriate. I mean, there's no other medications that are listed that we can't actually prescribe. American Medical Marijuana is the only area in statute that specifically says PAs cannot do this.

REP. RUTIGLIANO (123RD): So, but if you're -- if you're working under a physician, and that doctor says, listen, I want nothing to do with the Medical Marijuana Program, we're not allowing any of those prescriptions in this practice, you would be prohibited.

JASON PREVELIGE: Yeah. If they say we're not gonna do this in our practice, and I'm working with them, absolutely. Yes.

REP. RUTIGLIANO (123RD): So, you work for St. Mary's? Do they -- do they have the same sort of protocol? They could stop you from --

JASON PREVELIGE: Sure, because within the hospital setting, we have medical staff privileges. And so, it's determined in our department, what our privileges are going to be. So, if I tried to act outside that scope, and do something that say, as an emergency provider, something that would be done in perhaps GI or neurosurgery, then I would be in trouble for that. That would not be okay.

REP. RUTIGLIANO (123RD): Thank you. I mean it's a quick question, I just found that fascinating. I didn't know that. So, thank you for informing me.

JASON PREVELIGE: Thank you.

REP. D'AGOSTINO (91ST): Representative Ackert.

REP. ACKERT (8TH): Thank you, Mr. Chairman. And Jason, thank you for your testimony. I'm just trying to get a grasp on, is there a need or a lack of prescribing, or is this just adding an added value for that doctor's office? Can you give me the reasoning that is in - that the -- that you'd be supporting your organization, your members would be a value to a practice/a patient?

JASON PREVELIGE: Sure, that's a great question. So absolutely, it is not at all uncommon for PAs to have their own panels of patients, where they are the sole provider for that patient within the practice. They may see just a PA and never see the physician or the APRN, or anyone else in that group. And so that PA knows that patient the best.

They've the one -- they've been the one to diagnose the patient to treat them throughout the course of illness. And so, by the PA not being able to certify the condition, it just adds another layer of essentially bureaucracy to that patient, and then

forces them to have to go see the physician or the group that can order it, or the APRN in that group that can order it. And so, it just delays care, and adds more work to the other providers, and really just creates more kinks in the entire system.

REP. ACKERT (8TH): Thank you, Jason, for that response. And thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): I think that's it for you. Thank you, Jason. That's well presented and we will -- we will certainly be talking about adding the PAs.

JASON PREVELIGE: Thank you so much. I appreciate your time.

REP. D'AGOSTINO (91ST): Mr. Clark. Next.

SAMUEL CLARK: Next is Benjamin Zachs.

BENJAMIN ZACHS: Yeah, hi, can you hear me?

REP. D'AGOSTINO (91ST): Hi, Ben, how are you doing?

BENJAMIN ZACHS: I'm doing well, and yourself?

REP. D'AGOSTINO (91ST): Good. Good.

BENJAMIN ZACHS: All right. Thank you. So, Senator Maroney, Representative D'Agostino, Senator Witkos, Representative Rutigliano and esteemed Members of the General Law Committee. Thank you for the opportunity to offer testimony in regards to Bill 5313.

I'm Benjamin Zachs and I'm the Chief Operating Officer of Fine Fettle. Fine Fettle is a locally-owned and operated dispensary organization with locations in Newington, Willimantic, and actually, as of yesterday, Mansfield as well.

Our team is built of Connecticut residents and alumni of schools, universities and pharmacy schools across our great state. We're a group who believes in being both diverse and local. All three of our dispensary managers are minorities, and our staff is local to the communities in which we are located with diverse backgrounds and the ability to reach our patients in their native languages.

With regards to House Bill 5313, we fully support these updates to the Medical Marijuana Program, and believe there are additional changes that can be made to further enhance the program. We're very much in support of lowering the fees to patients, making this plant extract -- making this plant and extracted medication more affordable and therefore more accessible to more patients is good for the health and wellbeing of Connecticut's patients.

Today, we have the "one dispensary rule." We understand its initial importance and intent, especially as the Connecticut Medical Marijuana Program was in its infancy. This restriction helped ensure that patients did not exceed their required limitations. We do appreciate that this Bill would allow patients to go to multiple dispensaries if owned by the same group. And while it's written it really does benefit our organization, we actually don't think it goes nearly far enough for our patients.

The one dispensary rules an inconvenience for medical marijuana patients and really isn't necessary from a technological standpoint. The industry has changed and tech is now available to track patient's quantity and limits no matter where they shop. Our current program to seek the Connecticut Prescription Drug Monitoring Program has this capability today. There are also many other programs used across states across this country to track the purchases and enforce the quantity limitations.

Allowing a patient to shop at any dispensary will promote the protection of patients and the accessibility of medication that these patients depend on. We also believe the implementation of allowing patients to purchase products from any dispensary and the ability to successfully track quantity could serve as a model of tracking quantity limitations in a potential adult use market one day.

In conjunction with a Bill on medical marijuana reciprocity across state lines will allow for more and better access with safer oversight for the medical marijuana program and patients of other states traveling in and through our great state. We do worry about oversight of additional patients and the lack of revenue into the program with these elements, and we believe that it's imperative DCP receives funding and staffing to properly oversee this program.

We believe that adding a small tax for out-of-state patients' medical marijuana purchases would offset the revenue losses from the fees within this Bill. In sum, we support Bill, House Bill 5313. I hope the Committee will address some of these other issues.

REP. D'AGOSTINO (91ST): Ben, on the prescription drug monitoring program is that you're understanding that all the dispensaries participate in the program?

BENJAMIN ZACHS: Yeah, we all have to. So, the way that it generally works is it used to work at the end of the night, basically, a patient -- all patients purchases would be uploaded into the system. At this point, actually our point of sale, we do it in real time and so, we upload at each patient purchase of what a patient uploaded. Currently, though, it's simply a tracking system of what folks have ordered, bought, you know, whatever, where you want to use beforehand.



But what the program can do is it can track a patient, show their full allotment and deduct based on the gram equivalency. Essentially, how much medication a person is using. That's a -- that is a feature that is available with within the Prescription Monitoring Program. It's a program used, I think in like 47 states, but we have not brought on that functionality directly for the program in Connecticut.

And again, I know that real time uploads are doable, because we do it. I'm not sure how many of the other dispensaries do it. From what I understand we're the only ones that use our point of sale in the state. But I do know it's possible. And so, it's sort of a measure of deduction of a person's allotment. And that real time tracking that is the problem. So, it wouldn't need to be uploaded at the end of the night, but in real time.

REP. D'AGOSTINO (91ST): Okay, so you would have to require real time uploading, you wouldn't necessarily need the deduct function, but that would be an added-

BENJAMIN ZACHS: Yeah, that would be an added benefit, right. Because as it's sort of happening through the day, if someone comes in with ten grams left in their allotment, for example, and they come to buy and they buy 9.5, if it's not sort of deducting in real time, then we still run into the same issue of needing to get someone's allotment understood if they were to go to another dispensary.

Like right now if a patient transfers between two dispensaries, our front desk staff literally calls their front desk staff to say, hey, when did their - when does their allotment renew because we have a 30 day period. How much did they have left, et cetera? So even though we can actually see the person's purchasing history and data in the PMP we can track those timeline pieces and real up-to-minute sort of realities of it.

REP. D'AGOSTINO (91ST): Gotcha. Okay. Senator Witkos.

SENATOR WITKOS (8TH): Thank you and thank you, Ben for answering those questions. I only have one remaining question. If you could just walk me through what the typical transaction process is like if somebody comes into Fine Fettle to make a purchase, go from there and tell me what happens.

BENJAMIN ZACHS: Sure, so the standard process is they show their ID outside as well as their medical marijuana card, we confirm it to them. They come in, they check out -- they check in with our front desk staff. Assuming they've been a patient with ours prior, we recheck their card for expiration date, we recheck their ID to ensure it's them and that their identification is valid and non-expired.

During a COVID time, I think all of the dispensaries are requiring a pre-order right now just for safety and time inside. And so once, you know, there's not enough people or it's their time in line, they get buzzed to the back of the facility, which is where the product is actually dispensed. And from there, we've sort of prepped their order already. We give it -- we check, we tell the pharmacist that the person is there, they check the Prescription Monitoring Program to ensure that and that's also within our point of sale to ensure that they have enough limit within their allotment that they don't go over.

And then they come in and make a purchase just like any other standard transaction, except for, it has to be cash only or cashless debit card system, because we can't take credit cards. And from -- with Connecticut, our products are every product that goes out, even if it's sold by a dispensary technician at the register, it's been confirmed and checked by a pharmacist on each transaction, and so, they're reviewing the patient purchase, et cetera.

There's addendums to that, right, if it's a brand new patient, we're receiving paperwork, we're doing a consult to understand their medical history, understand their goals with cannabis, understand their qualifying condition. If it's a patient who needs help, the pharmacists are always there and available to help them and give them feedback or response or information regarding their medication what they've used in the past. We keep up ongoing list of everyone's transaction. But the actual transaction is check ID, check ID, check ID, check the medication sale.

SENATOR WITKOS (8TH): And what happens if the person says, they argue and they say well that your information is not right. I know I have 10 grams left, or five grams left on my prescription.

BENJAMIN ZACHS: Sorry, we're not breaking the law for you. That's really -- that's basically what we would say. We track this incredibly, incredibly closely, both through our point-of-sale system as well as through the PMP to ensure that right. If someone says I didn't buy that, right. We have a sort of double-tracking system to be able to check in case someone says, or, right, there's sometimes confusion on when their 30 day cycle is up. Is it the day of 30 is it day 31? And so, we definitely handle those questions pretty often and sometimes have unhappy customers, but we ultimately follow the law and don't let anyone go over.

SENATOR WITKOS (8TH): And one of the things that came up before in a previous term when we were discussing this program, was the dispensaries were complaining that the growers weren't giving them the product or were being delivered to certain dispensaries, not other ones. And if we're allowing folks to basically go wherever they want, as long as we have that real time point of sale data, do you envision that there may need to be some tweaking in that realm or no?

BENJAMIN ZACHS: I think it's a nuanced question, especially because we have so much verticality in Connecticut and you want to create fairness available to the patients based on where they live. Right. So, there -- we have four growers in Connecticut, and at least three of them have common ownership with nine dispensaries at this point. And so, the fairness of the system of making the product available at first purchase to all of the dispensaries creates an opportunity that patients won't get shut out. Because, for example, one cultivator could only sell to their co- sort of branded or co-owned dispensaries. And if someone doesn't live near one of those, well, then they've got to go far right. This is about -- I think the change in this Bill is, and our expectation is about accessibility to the medication.

Ultimately, every dispensary has their own business and they can make the choices of what products they buy. But making that first availability to everyone we do think is incredibly important because right there's just consistencies around geography -- geographic availability, where we would want to ensure that the medication is available for all ultimately, but we're still giving each company each dispensary the opportunity to make their own proper business decisions based on cash available in the bank, what their patients want and buy, et cetera.

SENATOR WITKOS (8TH): Thank you. Thank you, Mr. Chairman.

BENJAMIN ZACHS: And sorry, I got a 16-month-old screaming in the background. So, I'm--

REP. D'AGOSTINO (91ST): No, you're doing great.

BENJAMIN ZACHS: So, I apologize if you're hearing that.

REP. D'AGOSTINO (91ST): Representative Cheeseman.

REP. CHEESEMAN (37TH): Yeah, I'm sorry. You cut out there for a minute. Thank you. Thank you, Chairman D'Agostino, Thanks so much for coming today, Benjamin. Getting back to that availability at all dispensaries as opposed to just those that have more than one location, you indicated that you had real time tracking and that functionality was in there. Was this an investment you made? Is this something that if we told DCP, hey, you know, activate this piece of the system? How would this work because I agree with you, if the patient is somewhere where there is not one of those chain dispensaries, he or she is not gonna be benefited by this change in the law. So, can you just walk me through this?

BENJAMIN ZACHS: Yeah, absolutely. So, I'm proud to say this, we were actually the first dispensary in the country to have a direct real time access with the Prescription Monitoring Program. They use the PMP in Ohio, in Utah, in Pennsylvania, they're planning too in Georgia as well. But we were number one. And there's a program called ACRIS, which is basically what Walgreens and CVS and those big old pharmacy companies use to create that direct link

And so, our point-of-sale company, I did the research and I told them, hey, get in touch. We did it selfishly to make our pharmacists life easier to not have to do manual uploads at the end of the day. I'm team automation, I guess. And so, it was available. And so, they did it. Since then, another one, I think has done more of like a -- I describe it as a jankier connection. It's sort of like a pretend automated script. So, ours is done through an API where it's like a direct upload. The other ones basically, they do the manual processes of logging in, downloading a file, uploading, but they do it automatically for them versus the individual having to do it at the end of the night.

And so, it is absolutely functionality that's available. We would be more than happy to give it to everyone to make sure that everyone could join this

piece, right. As I noted, from a business standpoint, with us now having three dispensaries, selfishly, I could say, hey, just the one ownership rule does help us because if anyone's in that sort of area, they're more likely to come to us. And if they have to be registered to find that as a company, that's good. But our reality is, I don't think it's enough for the patients. Because if you're driving through anywhere, it's, you know, why not go to your most local dispensary depending on where you are and what your need is.

And so yes, it's absolutely available. I think on the PMP side, because there is a big deal of understanding allotments, there are a lot of technological ways to do it. And, you know, it doesn't have to be through PMP, Massachusetts uses another program, et cetera. But, you know, that technology can all be built and all be implemented. And we'd be happy to chip in our fair part to make it happen too.

REP. CHEESEMAN (37TH): All right, thank you. I mean, it seems to me if we're going to increase this access, we have to make sure it applies to all the dispensaries and not just those that are multiple chains. It's like saying you can go to CVS, but you can't go to your local pharmacy. And I don't think that's the point of this legislation. So, thank you very much. And I'd be curious to have conversations with DCP about how they would like to see this approach, because I do think it, you know, that sort of seamless transaction in terms of keeping track of the amounts, but also providing access to the patients is important. Thank you, Mr. Chairman. No more questions.

REP. D'AGOSTINO (91ST): Fully agreed. I think we'll follow up with DCP and see what they have to say, with respect to that. I don't see any more questions for you, Ben. Thank you again. Thank you for all the innovation and passion you bring to the industry. We always appreciate hearing from you and I'm sure

we'll hear from you when the recreational is on the table.

BENJAMIN ZACHS: I have a feeling you will. Thank you.

REP. D'AGOSTINO (91ST): Mr. Clerk, who is next.

SAMUEL CLARK: Up next is Brian Essenter.

REP. D'AGOSTINO (91ST): Yes Brian, Brian is a familiar face to some of us here. Can you hear us?

BRIAN ESSENER: Absolutely. Good afternoon, guys. Can you hear me?

REP. D'AGOSTINO (91ST): Hey, Brian. Yes, thank you.

BRIAN ESSENER: All right. Thank you so much trying to go with the island background and pretend we don't have it.

REP. D'AGOSTINO (91ST): We appreciate that.

BRIAN ESSENER: All right. So, Senator Maroney, Representative D'Agostino, and Members of the General Law Committee. Thank you for listening to our testimony today regarding House Bill 5313.

My name is Brian Essenter. I'm a pharmacist and have been a dispensary manager at multiple dispensaries in Connecticut. I've been working in Connecticut's Medical Marijuana Program for six years now. I'm also a patient of the Connecticut Medical Marijuana Program. And I'm very proud of our program and the improvements we've made over the years. I'm always happy to support improvements to our medical program.

And today, I'd like to testify in favor of House Bill 5313, with just a few changes, and it's going to be very similar to what Ben just kind of went over on a few of them. My number one concern is

Section 1 Sub-section b (2) again with the going to multiple dispensaries that are within one owner. My concern is that, you know, this is really kind of -- it hurts those dispensaries that have only one location, which are your small businesses here in Connecticut. You know, this is really geared toward helping out your multi state operators who are companies that own these dispensaries but are located out of state which means the profits from the majority of these -- not all of them, but most of them are going out of state.

And this really does help benefit the chain dispensaries and these that are nationally-owned as opposed to your local Connecticut dispensaries that were here and started this program. It's gonna push patients to certain dispensaries over others that would also seem to violate anti-trust laws and create more of a monopoly which is also another Bill that we have, you know, pending right now, which I think is a very interesting topic. You know, at what point is owning too many too much? Is there gonna be a limit set on that and how will that be done is rather interesting?

My other point here is why not allow patients to transfer to any dispensary that can provide real time integration with the PMP. Our dispensary currently does that. But I know not all dispensaries do that. There are some logistical issues that come with this as well. So, besides the being able to upload real time, we don't -- we would have to you know, as Ben had stated, if we don't have an allotment calculator through the PMP system, we are still required to call a dispensary to find out how much a patient has left just like a pharmacy would call another pharmacy to find out how many refills they have left on a Xanax prescription or something else. This would require us to be making multiple phone calls multiple times a day in order to do that.



If we had changed the allotment date to the first of the month, for every single patient, we don't have to worry about this, that math can be done very easily. And it affects the patient one time on their very first month of purchase and that's it. And it's one less thing that we have to deal with going forward. And the other option here is as you guys were just discussing is having DCP require everybody to upload real time to the PMP program. I think that if we do that, we allow everybody to transfer to any dispensary that they want and receive whatever medication is available. So, the logistical issues the first of the month, if we can get that add on to the PMP to have them do the calculating for us to see how much a patient has left that would be so beneficial to these patients.

And one of my other concerns too, is logistically, right now one of the things that Ben didn't mention is part of the check-in process for our patients requires us to check our patient of our approved patient list on Biznet. This tells us all of the patients that are approved at our dispensary and our dispensary alone. If a patient is not on that list for one reason or another, they expired, they transferred or whatever, we are not allowed to make a transaction for that patient.

Now if we have patients that are transferring on their own, that they just walk into another dispensary, how am I supposed to know that that patient is a patient of ours. This Biznet list would be, I guess, sort of obsolete. We would need some other way to find out that they are a valid patient within the state as well.

A couple other things really quickly. I definitely -  
- the issue - no, Section 5, the producers giving anything of value to the dispensary is very quickly too. So, this does not define what exactly is referred to. I'm not really sure if we're speaking about things such as swag or giveaways such as t-shirts, hats, pens. These have been very commonplace

in our industry, and it's what dispensaries receive at no cost and pass along to our patients at no cost. This is one of the few ways that the producers can actually brand themselves to the patients and the patients really, really appreciate it. It's one of the things that they ask about constantly and really enjoy about the program.

I understand if there's products that we're concerned about being given away for free or, you know, inducements in that situation, but we just want to make sure that there's a clear definition about what the specific giveaways are that producers are not allowed to provide to the dispensaries and or patients as well. I believe that's everything. If you guys have any questions, I'd be happy to take them.

SENATOR WITKOS (8TH): Mr. Chairman, if I might? Thank you. Brian, just one quick question, is there a mechanism that a patient can check or to see what's left on their prescription? Can they log into something to see what's left for their month total?

BRIAN ESSENER: Unfortunately, no. That is probably also something that would be great for the patients to have. As of now, the only way that they find out is it's printed on the bottom of the receipt, or they can call us. There's no central database. Our systems do not link to our online ordering system, so that they could even see in there, how much of their allotment they have left.

That's a conversation that they actually have to have with us, which would be spectacular if it could be somewhere accessible to the patient as well, if they had a PMP type of place or if it was on their Biznet that it uploaded to that, that's a great point.

SENATOR WITKOS (8TH): So, to Ben's point, the previous testifier we would need to have some real point of sale. So, like that if you go to different

pharmacies, you could walk in there and say, well, how much do I have left? I want to purchase whatever I have left. But you wouldn't necessarily do that unless they were currently a patient of yours, right?

BRIAN ESSENER: Yeah. I mean no different than if they walked in, you know, if they're going to CVS, and they walk into a Walgreens if they want to purchase what's left on their prescription that CVS would have to call Walgreens to find out how much is left. So, you know, in the dispensary setting, we have to do the same thing. If I have a patient come in that was going to say Fine Fettle previously, we call them to find out how much of their allotment they have left. But other than that, there is not a way for the patient to check on their own how much they have left.

On your prescription bottle, it says you have three refills left or whatever on your bottle, it comes from the dispensary. It doesn't say how much you have left, because it's your grams and that can get a little confusing too.

SENATOR WITKOS (8TH): Sure. Okay. Thank you. Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): Brian, just -- sorry, Representative Ackert. Tim.

REP. ACKERT (8TH): Yes, sir. Thank you, Mr. Chairman. And, Brian, thank you for your testimony. It seems like we have a pretty solid tracking on our pharmacies and your business in the medical marijuana area. I'm just curious, somebody ventures across the state - somebody that's on medical marijuana crosses the state line goes and purchases something from a recreational seller in Massachusetts. Is that sale, are those sales tracked at all, or no?

BRIAN ESSENER: Not that we can see. It's out of state. So, our PMP program is only for Connecticut. I can't see Massachusetts or anything like that. I don't have access to that. But I do know that even in Mass, they check your ID and everything, but they are not uploading that information anywhere. So, whatever is purchased out of state whether it's Massachusetts, or Maine or wherever, there is no way to see that. Even as a patient you can reciprocate into Rhode Island. So, if I happen to run out and go to Rhode Island, I can purchase whatever they'll allow me to purchase and come back and that has no bearing on my allotment here in any way.

REP. ACKERT (8TH): Okay It's pretty much within the United States borders that we actually track what is being -- so you can have an allotment of so much but doesn't matter, you can -- if you needed to and you felt like you needed to you could zip across border and purchase that across the border?

BRIAN ESSENER: Absolutely. We saw a huge uptake in patients as COVID started, because they were not able to go across the border and pick up their medication because they were non-essential employees and they were closed. We saw a massive, massive uptake in patients because they were not able to drive and obtain their medication. You know, I would say good 3 to 4% increase from that alone.

REP. ACKERT (8TH): Thank you, Mr. Chairman. Thank you, Brian.

REP. D'AGOSTINO (91ST): That's interesting, Brian. And of course, they can go across the border to Massachusetts and go if they need a medical card, although different, I understand it's different product.

REP. ACKERT (8TH): It's really retracted inside but not on the outside.

REP. D'AGOSTINO (91ST): Yeah, we're gonna have to wake up to the reality of what's going on around our borders at some point. Brian, on the value issue, can you -- do you have any suggestions in terms of per item cost or value? Do you have some suggestion there for us to help with the language?

BRIAN ESSENER: I guess my suggestion would be not necessarily dollar amounts but more specific to product, say, something that is going to be, you know, medication of some sort, that would be something that would be appropriate, that's something that is pushing patients towards one grower over another, something along those lines. And when it comes to, let's just say any non-medical products of any sort, even accessories or whatever, you know, you're talking -- it's t-shirts, it might be a grinder, or a rolling tray, or a hat or a pen or something innocuous that doesn't have any medication of any sort. It really just is a way for them to brand their products that they're not allowed to do otherwise.

REP. D'AGOSTINO (91ST): So, if we carved out non-medical products for the purpose of providing the customers?

BRIAN ESSENER: Absolutely, that would be great. And I think that would be a minimal to the producers, I believe I don't mean to speak for them. But I think that they, most of them enjoy doing that branding their products, and I know the patients really do enjoy it.

SENATOR WITKOS (8TH): I think we should put a dollar on that cap might maybe like the value of such shall not exceed whatever it happens to be, you know, 10 bucks or something like that. Because otherwise I wouldn't want to keep it wide open --

REP. D'AGOSTINO (91ST): Per product. Yeah. Okay.

SENATOR WITKOS (8TH): Yeah.

REP. D'AGOSTINO (91ST): Great. All right. Thank you very much, Brian. See no further questions. I look forward to hearing from you again. I'm sure when we do recreational.

BRIAN ESSENER: Absolutely, guys, thank you so much. Have a great afternoon.

REP. D'AGOSTINO (91ST): Thank you. Mr. Clerk.

SAMUEL CLARK: Next is Nathan Tinker.

REP. D'AGOSTINO (91ST): There you are. Hello, Nathan.

NATHAN TINKER: Good afternoon. How are you?

REP. D'AGOSTINO (91ST): Good. Thank you for joining us.

NATHAN TINKER: Senator Maroney, Representative D'Agostino, Senator Witkos, Representative Rutigliano. Greetings from South Trumbull. Members of the General Law Committee. My name is Nathan Tinker. I am the CEO of the Connecticut Pharmacists Association and the Secretary of the Academy of Medical Marijuana dispensaries. Thank you for the opportunity to provide testimony regarding HB 5313.

The Academy of Medical marijuana dispensaries as a special interest academy within the Connecticut Pharmacists Association devoted to the dispensaries of Connecticut. Together Connecticut's dispensaries serve the health and wellness of over 40,000 patients across the state.

HB 5313 makes needed and timely revisions to the medical marijuana statutes. Key among these is the elimination of the application and annual administration fees currently levied on medical marijuana patients. Although medical marijuana is technically tax free, these fees effectively

unfairly taxed medical marijuana patients for access to their medication. No other medical treatment or therapy requires such fees and the repeal is long overdue.

Likewise, expanding the number of caregivers available to help support our patients will be easier and more reliable access for patients without compromising safety or product security. We are however concerned about the proposal that's been mentioned prohibiting medical marijuana producers from offering anything of value to a licensed dispensary as others have said not clear what the goal of the section is and may in fact be redundant of existing regulation.

We appreciate and support the relief that HB 5313 brings to Connecticut's medical marijuana patients. But as an academy, we also want to be sure that the playing field for all our dispensary members is fair and level. And thank you for your time and consideration. Be happy to take any questions.

REP. D'AGOSTINO (91ST): Looking to see. Senator Witkos.

SENATOR WITKOS (8TH): Thank you. Nathan, thanks for coming out and testifying today. We have had some previous speakers talk about real time uploads for purchasing, so to track that, especially if we move to allow patients to go to any pharmacy that they desire. What are your thoughts on that and who should bear that cost?

NATHAN TINKER: Well, right now that is at the discretion of the individual stores. In my discussions with dispensaries, some of them look forward to remaining as small family businesses and aren't particularly interested in that sort of capability. It is an extra cost that goes along with setting up the sale system. And one that as has been pointed out is not actually supported by a lot of the sale systems out there.

So, you have to be pretty specific about what you're investing in. So, there is a significant cost that goes with that from the dispensary side in terms of setting up that system. But on the other hand, having that access would enable much broader access, as we've talked about, and allow patients the opportunity to go wherever they want, as opposed to being limited to the one or two disparate dispensaries where they've been registered.

SENATOR WITKOS (8TH): Right. Do you have any idea what the cost may be on having a system like that? And would you be willing to pull your members to see where they are, if we move in that direction. I think the majority of you don't want to do that, then we've got to come up, somehow come up with a system so that we're able to capture, you know, really what the limits are on, what's left on a patient's prescription, and still allow them to visit whatever dispensary they want?

NATHAN TINKER: Yeah, off the top of my head, I don't know what that cost would be. But I can certainly reach out to my dispensaries and get a better feel for the consensus around this. My guess is that the majority are going -- would be interested in looking into that and kind of assessing more deeply what those costs would be and how it would work. But not all of them.

SENATOR WITKOS (8TH): Okay, if you could just send that to the Clerk, he can send it to the Committee, that'd be great.

NATHAN TINKER: Sure, I'll do it.

SENATOR WITKOS (8TH): Thank you, Mr. Chairman.

REP. D'AGOSTINO (91ST): Thank you, Senator. Not seen any other questions. Thank you very much for testifying, Nathan. Appreciate if you could provide



us that information, the Senator requested, that'd be great.

NATHAN TINKER: Will do. Thank you.

REP. D'AGOSTINO (91ST): Thank you. Mr. Clerk.

SAMUEL CLARK: Okay, so for everyone who wanted to testify who was present that is it.

REP. D'AGOSTINO (91ST): Okay. It's not too bad. I don't think we have anything else on the agenda. So, any announcements or anything from you. Senator Maroney?

SENATOR MARONEY (14TH): No, I assume that Thursday's public hearing won't be this short, though.

REP. D'AGOSTINO (91ST): Probably not. But we'll be doing it from the comfort of our homes. Alright, thank you very much, everybody. And we will see you later this week. Thank you.

REP. RUTIGLIANO (123RD): Thank you.